



City of Miami Gardens

Development Services - Building Services

18601 NW 27th Ave

Miami Gardens, FL 33056

Office: (305) 622-8027 Fax: (305) 626-4220

www.miamigardens-fl.gov

RECERTIFICATION EXTENSION REQUEST

Date: _____

Re: Permit No. (if applicable): _____

Property Address: _____

To Whom It May Concern:

This letter is to request an extension on the above reference 40 Year Recertification for the following reasons:

Sincerely:

(Owner/Owner's Agent or Contractor)

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____ 20 _____

Personally known to or Produced Identification

Type of Identification: _____

Identification No.: _____ Exp Date: _____

Did take Oath Did not take Oath

Signature of Notary Public

Seal

FOR OFFICE USE ONLY	
Reviewed by: _____	Date reviewed: _____
Notice Date: _____	Expiration Date: _____
Building Official: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Extension Granted for: _____ days	